	Yes 🗀 No 🗸	ndent child	r liabilities of a spouse or dependent child	me, transactions, o	ssets, "unearned" inco ?	this report any other a ree tests for exemption	INS Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?	Exemptions
	Yes No 🔀	excepted dependent	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	on Standards of O	ind Trusts" approved by the Committee on Standards of Off Have you excluded from this report details of such a trust	fied Blind Trusts" appr losed. Have you exclu	Details regarding "Qualified Bl trusts" need not be disclosed. child?	Trusts-
Ĺ	SNC	QUESTIC	ER EACH OF THESE QUESTIONS	TON ANSW	UST INFORMAT	NDENT, OR TR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWI	EXCLUSIO
	the appropriate	wered and	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Each questio	Yes No 🗸	ny reportanie naonity (mon	than \$10,000) during the reporting period?	V. than \$10,000)  If yes, come
			and attach Schedule IX.	If yes, complete			If yes, complete and attach Schedule IV.	If yes, comp
Lì.	Yes V No	with an outsid	Did you have any reportable agreement or arrangement with an outside entity?	Did you have any r IX. entity?	Yes No 🗸 D	e, sell, or exchange any during the reporting	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you, your IV. reportable as period?
3	Yes . No V	date of filing in	Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	Did you hold any re VIII. current calendar ye If yes, complete:	Yes 🖳 No 📋 V	"unearned" income of reportable asset worth	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	Did you, your III. more than \$2 more than \$1 f yes, comp
[<]	Yes No	h more than \$3	reimbulsements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.		Yes No	oning period?	If yes, complete and attach Schedule II.	
	q	reportable trav	If yes, complete and attach Schedule VI.  Did you, your spouse, or a dependent child receive any reportable travel or	If yes, complete	: . ] , :	o to charity in lieu of paying	If yes, complete and attach Schedule I.  Did any individual or organization make a donation to charity in lieu of paying you for a speech appearance or article in the condition period?	If yes, comp
<u>&lt;)</u>	in Yes No 🗸	reportable gift nd not otherwis		Did you, your spou VI. the reporting perio	Yes 🕢 No 🗀 V	, salaries or fees) of \$200	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or yo
x [	Spile a city	\varphi \bar{\pi}	closure Statement	QUESTIONS DISC /05 4 F @	OF THESE	ANSWER EACH	PRELIMINARY INFORMATION ANSWER EACH	PRELIMIN)
	anyone who files more than 30 days late.	mor late	Termination Date:		☐ Termination	Amendment	Annual (May 15)	Report Type
st =	A \$200 penalty shall be assessed against	be	Employing Office:	Officer Or Employee	E O	State: CA ive District: 41	Member of the U.S. House of Representative	Filer Status
I	2002   87   3   87   1: 0	2002:127	(202)225-5861 (Daytime Telephone)	; ; ;		Jerry Lewis (Full Name)	Jerry (Full	
į	TO PEDOMOTION THE	·			:			
	) DELIVE	ee j	FORM A  Page 1 of 5  For use by Members, officers, and employeed (	FORM / For use by Mer	ITATIVES YEAR 2007	F REPRESEN	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	FINANCIAL I

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## SCHEDULE I - EARNED INCOME

Name Jerry Lewis

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Legislators' Retirement System, State of CA	Legislative Pension	\$4,176
Penn Mutual Life Insurance Agents' Retirement	Agents Retirement	\$5,816.84

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BLOCK A	вгоск в	BLOCK C	вгоск в	BLOCK E
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.				
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.				
Arrowhead Credit Union	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	
Chas. Schwab IRA distribution	\$50,001 - \$100,000	Distribution	\$2,501 - \$5,000	
Chas.Schwab Money Market Fund	\$50,001 - \$100,000	DIVIDENDS	\$2,501 - \$5,000	
Congressional Federal Credit Union	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
Legislators Retirement System CA	\$100,001 - \$250,000	Distribution	\$2,501 - \$5,000	
Lewis Family Trust-1/4th Sh.	\$15,001 - \$50,000	Distribution	\$2,501 - \$5,000	

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SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Jerry Lewis	wis		Page 4 of 5
	Penn Mutual Life Insurance \$1 Coretirement \$2	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
	Security Bank of California \$1 2200 Shs. \$15.90	\$15,001 - \$50,000	NONE	NONE	
	Security Bank of California \$1 Certificate of Deposit \$2	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	

## SCHEDULE IX - AGREEMENTS

Name Jerry Lewis

Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date Parties To	e Parties To	Terms of Agreement
1959 Penn Mutual Life Insurance Co	Penn Mutual Life Insurance Co	Agents Retirement Plan
1969 Legislative Retirement System	Legislative Retirement System	State of California

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, Outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

- 1. <u>Purpose</u>. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.
- 2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.
- Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California': laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sol discretion, make distribution to the estate of the one of us as to

when the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Eeneficiary Designation by Trustee, such change shall be effective.

- 3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.
- 3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.
- 4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Richard J. Lewis,

Richard J. Lewis,

Edward R. Lewis, Jr.

Cl. Jeremy Lewis

John C. Lewis

John C. Lewis

Approved as to form:
GRESHAM, MARNER, SAVAGE, NOLAN & TILDEN

Philip M/Sarage, III

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All assets of the Edward R. and Elaine Lewis Trust dated June 15, 1983 remaining Following outright distributions after the death of Edward R. Lewis on May 13, 1988, Including but not limited to the following as of December 31, 2 (4)

Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

Real property in San Bernardino County, a., subject to contract for sale dated November 5, 1999 for \$39,000 by David T. Kupfer.

Real property in San Bernardino County, Ca., subject to contract for sale dated 3, 1997, for \$30,000 by Robert and Betty Lou Haisch.

Real property in San Bernardino County, Ca., subject to contract for sale dated February 22, 2005, for \$40,000 by Helena Bongartz.

Real property in San Bernardino County, Ca. subject to contract for sale dated February 22, 2005, for \$30,000 by Helena Bongartz.

Real property in San Bernardino County, Ca. subject to contract for sale dated February 1, 2005, for \$24,000 by Cliff and Toni McDonald.

Real property in San Bernardino County, Ca. subject to contract for sale dated May 1, 2000 for \$32,000 by Timothy and Florance Haisch.

ild Yes No V	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	
ted Yes ⊡ No ❤️	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	
STIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	<u>ا</u> سا
and the appropriate	Yes No V Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
	Did you, your spouse, or a dependent belief by the \$10 non Auring the reported?	<
outside Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting Yes No Vix. period?  If was fromplete and attach School IV	
ing in the Yes No 🗸	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Yes No VIII. current calendar year?  If yes, complete and attach Schedule III.	F
an \$305 Yes No 🗸		
e travel or	If yes, complete and attach Schedule I.  Did any individual or organization make a donation to charity in lieu of paying  Did you, your spous	
<b>∡</b>	ent o	
ruse attached	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS DICHESTE SELECT & Spruse	פ
more than 30 days late.	Report Type Annual (May 15) Amendment Termination Termination	
A \$200 penalty shall be assessed against	Filer Member of the U.S. State: Officer Or Employing Office: Employee Jerry Lewis, M. C.	
(Office Use Only)	(Full Name) (Daytime Telephone)	$\overline{}$
	Ariona M. Willia	
	UNITED STATES HOUSE OF REPRESENTATIVES  FORM A  For use by Members, officers, and employees	п <u>с</u>

## **SCHEDULE I - EARNED INCOME**

Name Arlene M. Willis

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Legislators' Retirement System, State of Legislative Pension \$4,176 CA (Spouse) Penn Mutual Life Insurance Agents' Agents Retirement \$5,816.84	Source	Туре	Amount
Agents Retirement	Legislators' Retirement System, State of CA	Legislative Pension	\$4,176
	(Spouse) Penn Mutual Life Insurance Agents'		\$5.816.84

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BLOCK A	Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Arrowhead Credit Union	Chas. Schwab IRA distribution	Chas. Schwab Money Market Fund	Congressional Federal Credit Union	Legislators Retirement System (CA)	Lewis Family Trust 1/4 sh.
вгоск в	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	\$100,001 - \$250,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$15,001 - \$50,000
вгоск с	Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	INTEREST	Distribution	DIVIDENDS	INTEREST	Distribution	Distribution
BLOCK D	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	\$2,501 - \$5,000	\$2,501 - \$5,000	\$2,501 - \$5,000	\$201 - \$1,000	\$2,501 - \$5,000	\$2,501 - \$5,000
BLOCK E	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.						

SCHEDU
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ASSETS AND
"UNEARNED"
INCOME

SCHED	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Arlene M. Willis	v. Willis		Page 4 of 4
	Penn Mutual Life Insurance \$: Co.retirement \$:	\$100,001 - \$250,000	Distribution	\$5,001 - \$15,000	
	Security Bank of California \$: Certificate of Deposit \$:	\$100,001 - \$250,000	INTEREST	\$2,501 - \$5,000	
	Security Bank of California \$: 2200 Shs. \$15.90 \$!	\$15,001 - \$50,000	None	NONE	

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